# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA FILED

| T 21101110  | JAN <b>2 7</b> 2020  |
|---|--|
| JOENEII-Rice  | U.S. DISTRICT COURT-WVND<br>CLARKSBURG, WV 26301   |
| Your full name  | FEDERAL CIVIL RIGHTS  COMPLAINT (BIVENS ACTION)  |
| ANTONNELLY, HAZELTONDS MORRION, MY HOLE ENITTERM, SISBURBIENTO SR, MAILROOM, LOOTINIENTSMITH, COWALTES, COMCE Enter above the full name of defendant(s) in this | Civil Action No.: 5:30 C. J /6  (To be assigned by the Clerk of Court)  Bailey  mazzone  Blalock  action |
| <u> </u>  | Bivens v. Six Unknown Named Agents of 188 (1971). The Court has jurisdiction over 1331 and 2201.         |
| II. <u>PARTIES</u>  |  |
| In Item A below, place your full name, inmate nu address in the space provided.   | mber, place of detention, and complete mailing   |
| A. Name of Plaintiff: Joens<br>Address: HAZELTON USE<br>BRUCETONMILLS ) W   |  |

employment, and address in the space provided.

In Item B below, place the full name of each defendant, his or her official position, place of

| B.  | Name of Defendant: ANTONNELLY Position: NARDEN  |
|-----|---|
|     | Position: WARDEN  Place of Employment: HAZELTON 115P  |
|     | Address: P.O. Box 2000  |
|     | BRUCIETONMILLS, WV. 26525   |
|     | Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?  Yes □ No  |
|     | If your answer is "YES," briefly explain: Ho?5 (See.)   |
|     | VIOLATING MY CIVIL RIGHTS BY DUNISHING ME<br>BY UNLACTURY TAKING STUFF FROM ME THAT<br>I'M INTITLE TO SIR                 |
|     |   |
| B.1 | Name of Defendant: HAZELTON USP JAIL  |
|     | Position: Federal JAI aministration   |
|     | Place of Employment: HAZELTON USP   |
|     | Address: P.O. Box 2000<br>BRUCETON MillS, WV. 26525   |
|     | Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ▼ Yes □ No |
|     | If your answer is "YES," briefly explain: There in Violation  |
|     | My UNITEDSTATES CONSTITUTION BIGHTS   |
|     | By UNHALIFUTY HAVING ME IN Shu-hold   |
|     | ton a regro   |
|     |   |
| B.2 | Name of Defendant: MOBBON   |
|     | Position: UNIT MANENGER   |
|     | Place of Employment: HAZELTON USP   |
|     | Address: Po. Box 2000   |
|     | BRICETON MILLS WV. 26525  |
|     | Was this Defendant acting under the authority or color of federal state   |
|     | law at the time these claims occurred? $\square$ Yes $\square$ No   |

|                 | If your answer is "YES," briefly explain: He BARELY due his HES hounds in Shu, when He do comes BACK here To Shu he never have NO Legal Complaint Remedy forms for Me; which is a Violation of my Bop policy Dueplacess Rights  |
|-----------------|---|
| B.3             | Name of Defendant: MY HOLE F UNIT TEAM Position: Case Managels, Counceles, UNIT M Place of Employment: [ Address:   |
|                 | Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ∀ Yes □ No   |
|                 | If your answer is "YES," briefly explain: They NEVER COME BACK HERE TO SHU EXCEPT WHEN They got UDC TICKETS? When They got UDC TICKETS? When They do They never have no legal Remedy Complaint forms and Bof policy Says some Body from my whit Team is suppose to make rounds to shu every day dureing the week from mon to friday six so which This is a violation of my Bop policy due processing its  |
| B.4             | Name of Defendant: BURRIENTOS  Position: SiS  Place of Employment: HAZPITON USP  Address: BO-BOX 2000  BRUCETON MILLS, WV. 26525  |
|                 | Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?  ☐ Yes ☐ No  |
|                 | If your answer is "YES," briefly explain: He'S IN VIOLATION OF  My Bop policy dueplocess Rights Because due To  Policy of youre Been DHO SANTION FOR and 101 ASAULT  Then You cannot be prosecuted AUSA Wise  Because They was suppose To Suspend your Charge  Until ANSA DROBECUTION IS done with your There fore They  Connot Tuen around and up grade your charge To a 100 Seciouse  Shot Because its and Violation of your Bor policy due pracess Rights  Inich constitution Rights for preserves Thrate Disciplen confirms |
| United States D | HIS MOMMENT OF TRIHK SIR Northern District of West Virginia-2013  |

|      | B.5        | Name of Defendant: 51/1+1/  |
|------|------------|---|
|      |            | Position: OOTINIENT Place of Employment: HAZEITON USP   |
|      |            | Address: Da Ray 2000  |
|      |            | Address: POBOX 2000<br>BRUCETON MILLS, WV. 26525  |
|      |            | Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?   ✓ Yes   ✓ No |
|      |            | If your answer is "YES," briefly explain: He assaulted me<br>ON Camba Oct 20 2017   |
|      |            |   |
| III. | <u>PLA</u> | CE OF PRESENT CONFINEMENT   |
| Nam  | e of P     | rison/Institution: HAZELTON USP   |
|      | A.         | Is this where the events concerning your complaint took place?  Yes   No  |
|      |            | If you answered "NO," where did the events occur?   |
|      | В.         | Is there a prisoner grievance procedure in the institution where the events occurred? ■ Yes □ No                              |
|      | C.         | Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?  Yes □ No       |
|      | D.         | If your answer is "NO," explain why not:  |
|      | E.         | If your answer is "YES," identify the administrative grievance procedure  |

number(s) in which the claims raised in this complaint were addressed

| Case 5:20-cv-00016-JPB-JPM Document 1 U.S. DEPARTMENT OF JUSTICE                           |                           | 20 Page 5 of 18<br>R ADMINISTRAT       |                 |
|--|---------------------------|--|-----------------|
| Federal Bureau of Prisons  BRWG Me   | To Co                     | pys of -                               | This BACK       |
| Type or use ball-point pen. If attachments are needed,                                     | submit four copies.       | Additional instruction.                | s on reverse.   |
| LAST NAME, FIRST, MIDDLE INITIAL  DOWN A INMATE DECUEST                                    | 7-24-060<br>reg. no.      | BANGE I<br>UNIT                        | HAZEITONUS      |
| I'm Just REEXZAUTING MY L  | egal c                    | omplaint fo                            | i emedys        |
| aginist lastinions   |                           |  | ^^.             |
| FOR UNLAWfully assaulting in   | 0 0                       |  |                 |
| FOR UNLAWfully assaulting in Back here in shu Be fired                                     | I 95                      | Candy Co                               | Them To         |
| DE + ired  |                           | 경험병원 등 1년 1년 1년 1년<br>1일 1년 1년 1년 1년 1 | THE TO          |
|  |                           |  |                 |
|  |                           |  |                 |
| not 18 2019  | 10000                     | l-1200                                 |                 |
| DATE   | Toenes                    | SIGNATURE OF R                         | EQUESTER        |
| Part B- RESPONSE   |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
|  |                           |  |                 |
| DATE   |                           | WARDEN OR REGIO                        | NAL DIRECTOR    |
| If dissatisfied with this response, you may appeal to the Regional Director. Your appeal m | nust be received in the R |  |                 |
| ORIGINAL: RETURN TO INMATE   |                           | CASE NUMBER:                           | 11100971        |
| Part C- RECEIPT  |                           | CASE NUMBER:                           |                 |
| Return to:  LAST NAME, FIRST, MIDDLE INITIAL   | REG. NO.                  | UNIT                                   | INSTITUTION     |
| SUBJECT:   | 10.0, 110.                |  |                 |
| DATE   | RECIPIENT'S SI            | GNATURE (STAFF MEI                     | MBER) BP-229(1) |

# 

NUMBER: HAX-1330.18B

DATE: January 19, 2017

SUBJECT: Administrative Remedy

Program

PAGE: 10

ATTACHMENT B

# Federal Correctional Complex Hazelton Request for Administrative Remedy Informal Resolution Form - Non General Population

Notice to Inmates: Prior to receiving a Request for Administrative Remedy Form (BP-229), you MUST attempt Informal Resolution through your Counselor, or provide other documentary evidence of your attempt at informal resolution. Failing to attempt informal resolution may result with rejection of your request.

|                                     | Par   | t A  |                |               |  |
|-------------------------------------|---|--|----------------|---------------|--|
| Inmate Name:                        | R   | leg. No.:  | U              | nit: /        |  |
|                                     | -   | 07-211-00  |                | SNU-KANGEL    |  |
| 1. Specific Complaint:              | è   | no es l  | Valate         | HANIO         |  |
| MY BOD POLICY                       | P due   | hracess L  | 1191113        | 11700         |  |
| - 10 V V XI VI 0144-V CI            | - NO O M M C  | 100000CC   |                |               |  |
| 2. Relief Requested:                | BREN VIOLATED NUMBEROUSCE TIMES  2. Relief Requested: FOR ME TO BE RELESE OUT THIS HOLE FREE BACK TO GENERAL POPULATION OR SHIP TO QUELLE USP and I WANTINIS 101 ASANISTHIS 100SERIASE Shot TO BE REMOVED OFF MY BECORD |  |                |               |  |
| 101 ASAULTS This 100 Seria          | SU DIDT L   | <u>o ke kem</u> o<br>t b                         | una off        | my na oka     |  |
|                                     | Par   | C B  |                |               |  |
| 1. Counselor's Efforts:             |   |  |                |               |  |
|                                     |   |  |                |               |  |
|                                     |   |  |                |               |  |
|                                     |   | t C  |                |               |  |
| Issue Resolved                      | Comments:   | < 0r   |                |               |  |
| Relief granted  Issue Un-resolved N | o Comments  | $\rightarrow \checkmark \checkmark \land \vdash$ | 大十六            |               |  |
| Relief granted                      |   | ) // +   | -/H/W          |               |  |
| Unable to Address                   | Commence  | J 17th   | ZAL VI         | TW/           |  |
| Issue Referred                      |   | 一 つ し  | <b>加压</b>      |               |  |
| Inmate Signature:                   |   | 101  | ノ dete:        | -             |  |
| Staff Signature: Date:              |   |  |                |               |  |
| Unit Manager Signature: Date:       |   |  |                |               |  |
| Counselor Tracking                  |   |  |                |               |  |
| Tracking # Event Date               | + 20 Days   | Form Issued                                      | BP-9<br>Issued | BP-9 Returned |  |
|                                     |   |  |                |               |  |
|                                     |   |  |                |               |  |
|                                     |   | 1  |                |               |  |

|     |      | and st                | tate the result at level one, level two, and level three. ATTACH  |
|-----|------|-----------------------|---|
|     |      | <u>GRII</u>           | AND HERE IS 9 COPY OF MY BP8 955 PROOF  |
|     |      | 1 173/1               | TITO HERE IS O COPY OF PROPERTY   |
|     |      | LEVI                  | They was responded sack TO My BPO SO I  |
|     |      |                       | EL1 They never responded BACK TO My BPS SO I<br>EL2 followed up with and BP9, They Responded BACK   |
| IV. | PREV | LEVI<br>TOUS<br>VIOUS | EL3 With the BP9 Which I Sent a Copy To you with A Bivens laws it with MORROW my unit mananger verex made it to you guys Back in September 2019 LAWSUITS AND ADMINISTRATIVE REMEDIES  |
|     | A.   |                       | you filed other lawsuits in state or federal court dealing with the same involved in this action? □ Yes □ No  |
|     | В.   | is mor                | ar answer is "YES", describe each lawsuit in the space below. If there are than one lawsuit, describe additional lawsuits using the same format a separate piece of paper which you should attach and label: "IV //IOUS LAWSUITS" |
|     |      | 1.                    | Parties to this previous lawsuit:   |
|     |      |                       | Plaintiff(s):   |
|     |      |                       | Defendant(s):   |
|     |      | 2.                    | Court:  |
|     |      |                       | (If federal court, name the district; if state court, name the county)  |
|     |      | 3.                    | Case Number:  |
|     |      | 4.                    | Basic Claim Made/Issues Raised:   |
|     |      | 5.                    | Name of Judge(s) to whom case was assigned:   |
|     |      | 6.                    | Disposition:(For example, was the case dismissed? Appealed? Pending?)   |
|     |      | 7.                    | Approximate date of filing lawsuit:   |

|    | 8. Approximate date of disposition. Attach Copies:  |
|----|---|
| C. | Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?  Yes □ No  |
| D. | If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought.  And Then I follow of with BP10 BP11 With mid Atlantic Regim Concerning This which They CAN CONFIRM This The BP80 BP9 my unit Maneager MR. MORRON CAN CONFIRM This SiR  |
| E. | Did you exhaust available administrative remedies?  |
| F. | If your answer is "YES,", briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.  I did That what I just explained up and legal complaint letter with the Department of Justice and legal complaint letter with the Confirm This of Filed and legal complaint letter with the midationtic Regional office Pinst Them about this own ich They can confirm this of the Pinst Them  |
| G. | If you are requesting to proceed in this action <i>in forma pauperis</i> under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions |

or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR

1. Parties to previous lawsuit:

APPEALS"

|   |  | Attachment A   |
|---|--|--|
|   |  | Plaintiff(s):  |
|   |  | Defendant(s):  |
|   | 2.   | Name and location of court and case number:  |
|   | 3.   | Grounds for dismissal: □ frivolous □ malicious   |
|   |  | ☐ failure to state a claim upon which relief may be granted  |
|   | 4.   | Approximate date of filing lawsuit:  |
|   | 5.   | Approximate date of disposition:   |
| defendant specific w Include al legal argu claims, y UNRELA ADDITIO NEATLY 3.4.4) CLAIM 1 | did to wrongfilso the uments ou mu TED (DNAL APRING) | RIEFLY as possible, the facts of your case. Describe what each violate your constitutional rights. You must include allegations of all conduct as to EACH and EVERY defendant in the complaint. names of other persons involved, dates, and places. Do not give any or cite any cases or statutes. If you intend to allege a number of related ast number and set forth each claim in a separate paragraph. CLAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) TED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL |
| CEI<br>MY<br>QT<br>VIR<br>NA  | old<br>Tac<br>'9'N'                                  | Right Now With You guys unlawfully mased in my sautred me my old celly on oct 20, 2017 of celly name Darelginger that and asma K and Died 3 months later at the west a Hostpital Well I exsplain this to FBI Acent NR. Cannon Sir SO MR. Cannon HAD THEM I Facts: House me Alone for my SAFTY Which is HRA   |

THIS NEW WORDEN NAME CLAIM 2: MQ his cell Well Move MP and EMPRAENCU Supporting Facts: Told Then That were NOT GETTING GLONE Which 95MA2 a Which They esponded BACK MU MANENGOR MR MORRON CLAIM 3: BUT MU MU Calless! Milliandollar ICYING at HAZELTON Hele Supporting Facts: IN The Computed as HRA Which HOUSE alone, Reck alone The IAW and a Vightion of my Bights feak for my life Being Here with another CRITENMATE CLAIM 4: and He not Them Copying UNCONSTITUTIONAL, THENTHE retter letter aivina us hAlt  $\boldsymbol{a}$ docketments from my a:RI That I sent you and Then They playing with my Which I sent you guys my mail Dockethe Nts Momment of TRUHH UP SIR, Then WARDEN ANTONNETIN Supporting Facts: ViolAted My Bop policy Rights Soap of Welkermondays, Wensdays, ONLY TROUGH FOR ONE Showers which This is Cruels unusele Punishments pains suffering and Then Warden Antonnelly is IN FURTHER VIOLATION OF MY BOD POLICY RIGHTS United States District Court Northern District of West Virginia-2013

But makey don't and The Canddy campa can BACK This monney of TRUTH UP 51R and THEN MORRON HE CAN'T EVEN MAKE IT BACK here once a week and Then when He do come BACK here which is once every Blew moon Hess Empty handed He never Have legal complaint Remedys FORMS FOR ME and HE NOVER HAVE TORTCHAIMS FOR me six and Which This is a Violation of my Bop policy dueprocess rights and then The Rest of my unit Team don't come BACK Here at all UNIESS They got TO UDC Ticket shot SomeBody Then They empty handed to No legal Remedy's or TORT Claims, which This is a Violation of My Bop policy dueprocess Rights, Constitution Rights for Prisoners Bop policy Programstatement confirm This SIR and Then I sent a Bivensiclaim lawsuit out about This 3 copys with Morron To put in legal mail BACD BACK in September 2019 Well HE NEVER SENT IT TO YOU GUYS HE PUT IT IN
THE TRASH and THEN MR. MORRON WONT GIVE
ME alegal Call To Call The Courts about my
freedom and He wont give me a legal call To Call This Congress woman That's helping Onmybe half to get my freedom and which This is a violation of my Rights allso and I'm allso sueing Sis Burrientos Because He's in violation of my Bop policy due process Rights Numburausce Times Sir and Now let me exsplain How I unlawfully Been BACK here in Shu for 2 Pears Well Boph potitution

Bights for Prisoners Inmate Disciplen Bop policy Programstatement 5070.09 Says all ASAUTS, 101 ASAUTS SIS, SIA HAS TO REFER FOR AUSA PROSECUTION Well Oct 20, 2017 I got Charge for and 101 PRISON ASSAUTT Well The Next week of oct 2017 I got SANETION BY DHO FOR This Well INMATE Disciplen allso SAYS That They have to suspend 911 101ASAUTT Ticket shot Charges and Then Refer it To AUDA for Prosecution and Then when There done They Relese it FOR DHO AMINISTRATETIVE PROCEEDURE WELL They Never did Me like They WAS Suppose To Which WASJIS (

9 Violation of My Bop policy duephocess Rights

9 And Then from When My oldcelly Dazelginger

10 Died from The Asma Attack from The Careless CO

10 NAME WARTES 3 GORR 4 Months later of The Westvirginia Hostpital and which They called Then selfs Tryna up grade my \$01 Asault charge To , 100 Seriousce snot charge and which They never served me a copy of This like They was suppose To due to Bop policy SIR and Then They further Violated my Bop policy dueprocess Rights Because They Elegallyeol Referred me FOR AUSA PROSecution and Bottom line once They DHO SANTION ME FOR This 101 ASAUTT THEY CANNOT TURN around AUSA PROSECUTE ME THATS Elegal and Bop policy INMATE Disciplen Confirms This Then so They allso cannot up grade my 101 shot To and 100 sectionsce shot Because They Never Suspended MY 101 ASAULTICKET and Bop policy Jumpted: sciplen confirms This

| Because we use to get Rolls of Tissue.<br>Just like general Population But This wasden stop it      |
|---|
| for BACK here in shu so now the got them  |
| CLAIM 5: Q'IVING US Q SMALL HAND FULL OF NAPKINS TISSUE   |
| every day from monday to sunday and which This is   |
| Not even grough for us to wipe are Behinde  |
| When were done making Bouwl movements which.  |
| This is insannatary and pain suffering, crue unusule punishment sir, the canddy campa can back this |
| Supporting Facts: Monmont of TRUTH SIR and THEN I'M   |
| Sveing Morron Because He's IN VIOLATION of My BOD POLICY  |
| QUEDROCESS RIGHTS BECQUSE POLICY SAYS Some Body FROM  |
| My Unitream is suppose to come BACK here TO SHU   |
| every day on week days from monday to friday and I'm  |
| PStatus > which due to Policy I'm Intitle to By commusary food                                      |
| VI. INJURY  |

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured and the exact nature of your damages.

MY UNITEDSTATES CONSTITUTION RIGHTS HAVE BOEN VIOLATED BY THEASE PEOPLE OF YOU GUYS CAN SEE SO I'M SUEING THEM FOR COMILION FOR CRUEIAND UNUSELE PUNISHMENTS PAINS SUFFERINGS FOR MENTAL STRESS FOR DEPRESSION BECAUSE I'M BY POLORES SKINSOFRANTICS I TAKE MEDICATION FOR THIS

# VII. RELIEF

State **BRIEFLY and EXACTLY** what you want the Court to do for you. *Make no legal arguments. Cite no cases or statutes.* 

I would like YOU TO fike Thease People for This and the court Recomented for me to go to A federal medicionter Because, for my mental Health Issues, This is on file SO I would like You anys to have Them Emergency TRANCEFER ME OUT This Hote To Butner North Carralina FINC OR Boston Devens where I'm ON file at OR alanwood OR Springfield Where I can get the proper mental health Treatment that I need and Have them remove theose Bogust 101 charge, 100 charge off my record from Them Violating my Bop policy Dueprocess Rights, I would like a Jury Right

### DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at Shy Bage 1 on Jan 20, 2020. (Location) (Date)

Mr. Joenell Rice

Your Signature